Amendment Disclosure Report Cover ☐ Yes Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information, 1. Committee Information a. Full Name c. ID Number NICK PICERNO FOR COUNTY COMMISSIONER b. Mailing Address (include City, State and Zip Code) d. Date Filed JAN 21 2014 ~ 20 - 14 Phone Number MREROR 910 691 1150 2. Report Year 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name SANdrA 2013 BEOWN 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Special Fourth Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special **√** Final Special 11. Account Information 11. Account Information Financial Institution Full Name a. Financial Institution Full Name COMMUNITY c. Account Code b. Purpose b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance 469.3 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. SANdracBrown 1-20-14 Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: **Employee: Normal Mail** Registered Mail Date Postmarked: **Employee:** Hand Delivered **Electronically Filed** Date Scanned: Employee: ☐ Signer has not received

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer. assistant treasurer, custodian of books information, or account information.

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Data Entered:

mandatory training

ed Summary

Amendment

Yes

No No

Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number NICK PICERNO FOR COUNTY COMMISSIONER YEAR END SEM ANNIAL **Total this Total this** Start of Election Cycle: January 1, 2013 **Reporting Period Election Cycle** 4) Cash on Hand at Start 469.31 \$ 479.31 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 469.31 479.31 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18' O \$ 0 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

ais form to summarize all disclosure reporting forms and to total monetary information

			 Am	endment	,
Pg	\perp	of		Yes	₽ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fr	ill Name (and Fund	if applicable)				2. ID N	umber				
NICK PI	CERNO FAR	County	Co	mmissi	IONER						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
Operating Expenses											
4. Payee Information Add Remove											
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments											
(include city, state,		0 1									
Commu	noty the	RANK	c. Level Regis	tered (Specify)		Ţ					
PAR 1	328	Federal	County:								
A.L.L	n.ly One 328 or NC 2	State	Municipa		on Sum to Date						
rished		, w - ,			\$						
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Required	Remarks				
	BK Draft	0	7-	31-13	\$ 5.00	BANK	Ser Clarge				
					\$						
4. Payee Inforn	nation			Add 🔲	Remove						
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Com	ments				
(include city, sta	<u> </u>	. 01 1									
Seven	Aka Baptisi	t Church		c. Level Regis	stered (Specify)						
	UTA PROBRA			Federal County:							
PO Box				State	Municipa	ality: e. Elect	ion Sum to Date				
LIVESTE	END NC	27376				\$					
f. Account Code	g. Form of Payment		li Date (nm/dd/yyyy)	i. Amount	k. Required	Remarks				
i. Account Couc	· · · · · · · · · · · · · · · · · · ·		17 -	16 - 17	\$ 41/4 7/						
	Check 501	 	0	11-13	4 76 7. 37	DOM	tion to Church Program				
			evening sales			Your	Orogram				
4. Payee Inform			L		Remove	11.6					
a. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordinat	ed Committee Nam	ne d. Con	iments				
(menue enty, sta	ice, & zap)			-							
				c. Level Regi	istered (Specify)						
l				Federal	County:	\$					
				State	Municip	pality: e. Elec	tion Sum to Date				
						\$					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Require	l Remarks				
			1.		\$	1					
					\$						
5. Total only t	his Page				1	. \$	469 21				
5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 469.31											
	in line 13b of Detailed Su					m) \$ 1	769 -				
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed expenditure code in (h.) above)											
A* - Media	B* - Prin			Fundraising		o Another C					
• •					litical Party H* - Holding Public Office Expense Office Expenses Q* - Donation to Legal Expense Fu						
I - Postage	I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other										
	* Codes require detailed explanation in required remarks field (k)										